



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 3:22 pm, Jun 17, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030792	PRINTER SN 03A.2436.038	DATE OF INSPECTION 06/11/2014
LOCATION OF INSTRUMENT (STREET AND CITY) C.C.S.O 1 Court Circle Suite 13, Camdenton, MO, 65020		TIME OF INSPECTION 7:56 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Intoximeters LOT # AG233201 EXP. DATE 11/27/2014

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .103

TEST 2 → .100

TEST 3 → .100

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	1	(.05-.09)	1	(.10-.14)	2	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument needed calibration. Intrament Calibrated. Date and Time set.

INSPECTING OFFICER

SIGNATURE

[Signature]

PRINT NAME

Jason A. Sylvester

TYPE II PERMIT NUMBER/EXPIRATION DATE

230346 / 12/31/2015

TELEPHONE NUMBER

(573) 346-2243

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 030792
Version no: 532B

TEST RECORD 00023

Temp Date Time 9/
210L

Air Blank:
06/11/14 07:56 .000
Calibration Check:
25 06/11/14 07:56 .100

Subject Name

Subject I.D.

Operator Name, I.D.

230346 J. Sylvester
Location 2462

Camden County Sheriff's
office

AS IV Serial no: 030792
Version no: 532B

TEST RECORD 00024

Temp Date Time 9/
210L

Air Blank:
06/11/14 08:00 .000
Calibration Check:
26 06/11/14 08:00 .103

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester / 230346
Location

Camden County Sheriff's
office

AS IV Serial no: 030792
Version no: 532B

TEST RECORD 00025

Temp Date Time 9/
210L

Air Blank:
06/11/14 08:02 .000
Calibration Check:
27 06/11/14 08:02 .100

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester / 230346
Location

Camden County Sheriff's
office

AS IV Serial no: 030792
Version no: 532B

TEST RECORD 00026

Temp Date Time 9/
210L

Air Blank:
06/11/14 08:03 .000
Calibration Check:
27 06/11/14 08:03 .100

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester / 230346
Location

Camden County Sheriff's
office

AS IV Serial no: 030792
Version no: 532B

TEST RECORD 00027

Temp Date Time 9/
210L

Air Blank:
06/11/14 08:05

Subject Name

Subject I.D.

Operator Name, I.D.

J. Sylvester / 230346
Location

Camden County Sheriff's
office



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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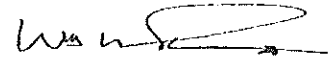
PERMIT
TYPE II
JASON A SYLVESTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/31/2013
NUMBER 230346
EXPIRES 12/31/2015


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY




,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES


MO 582-0771 (6-10)

LAB-4 (3-10)

**STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator SYLVESTER, JASON
Permit No 230346
Date Issued 12/31/2013 Date Expires 12/31/2015